

Name
in
Full

George America

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Howard	County	MARYLAND	
Date of death	Month	Day	Years	Munths	Days
1906	Oct	31	Age	4	
Sex	Male	Color or Race	Black	Birth-place	North Laurel
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Singer	Name of Wife or Husband			
Father's Name	George America			Father's Birthplace	Howard Co. Md
Mother's Maiden Name	Addie America			Mother's Birthplace	A. A. Co. Md
Name of person giving information	George America			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burns

How long

How long

Immediate

160
Signature of Physician

D. R. C. Harvey

Are the name, age, sex, color, date and place correctly given above?

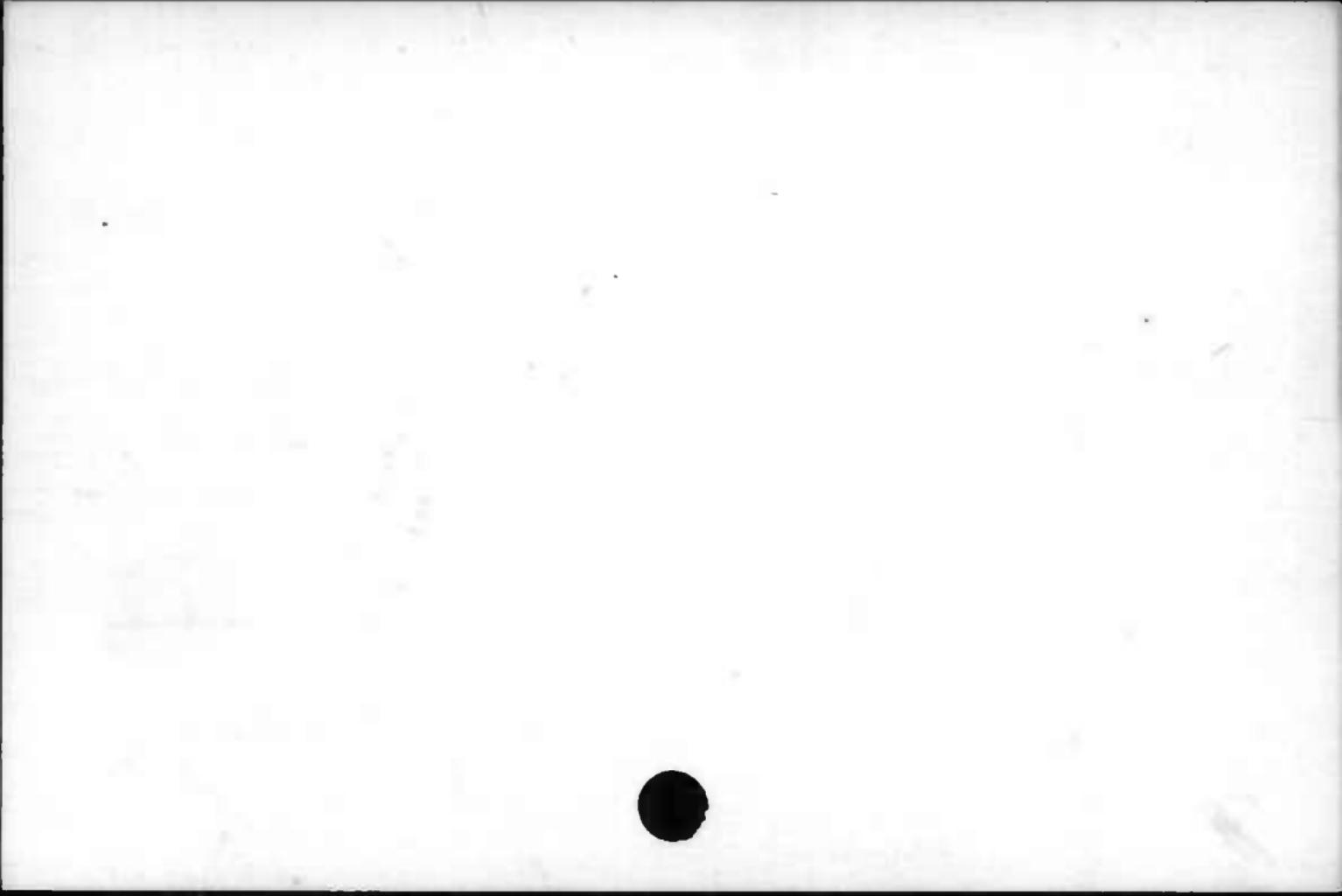
Yes

Address

Laurel, Md.

Accident or Suicide?

Accident



Vera America

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>North Laurel</u>		County <u>Howard</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>3</u>	Years <u>4</u>	Months <u>5</u>	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>North Laurel</u>			
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>George America</u>				Father's Birthplace <u>Howard Co. Md.</u>		
Mother's Maiden Name <u>Eddie America</u>				Mother's Birthplace <u>A.A. Co. Md.</u>		
Name of person giving Information <u>George America</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

Burns

How long

Immediately

Immediate

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

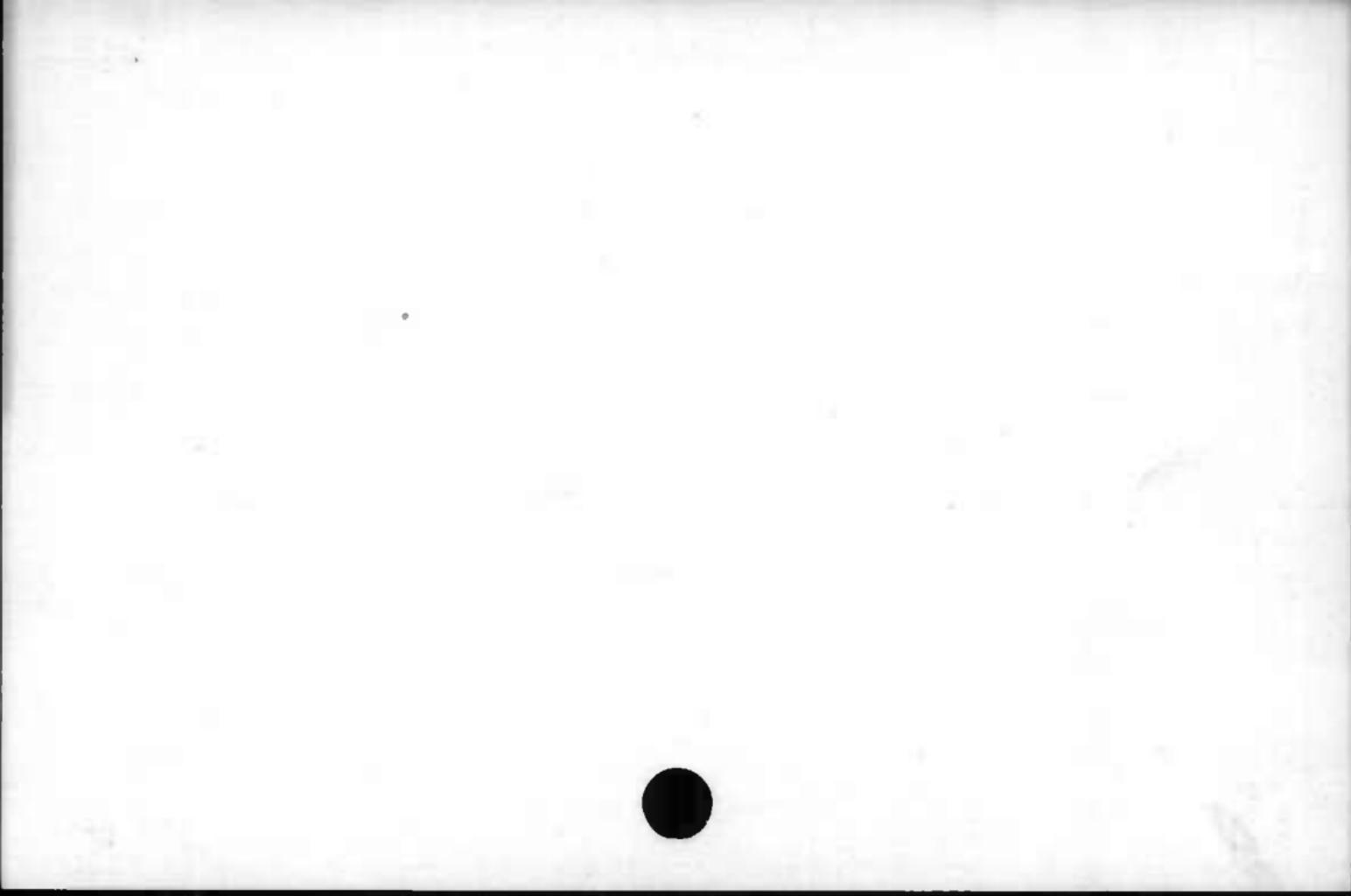
Yes

61

Dr. Robert W. Sauer

Accident or Suicide?

Accident



Robert C. Belden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

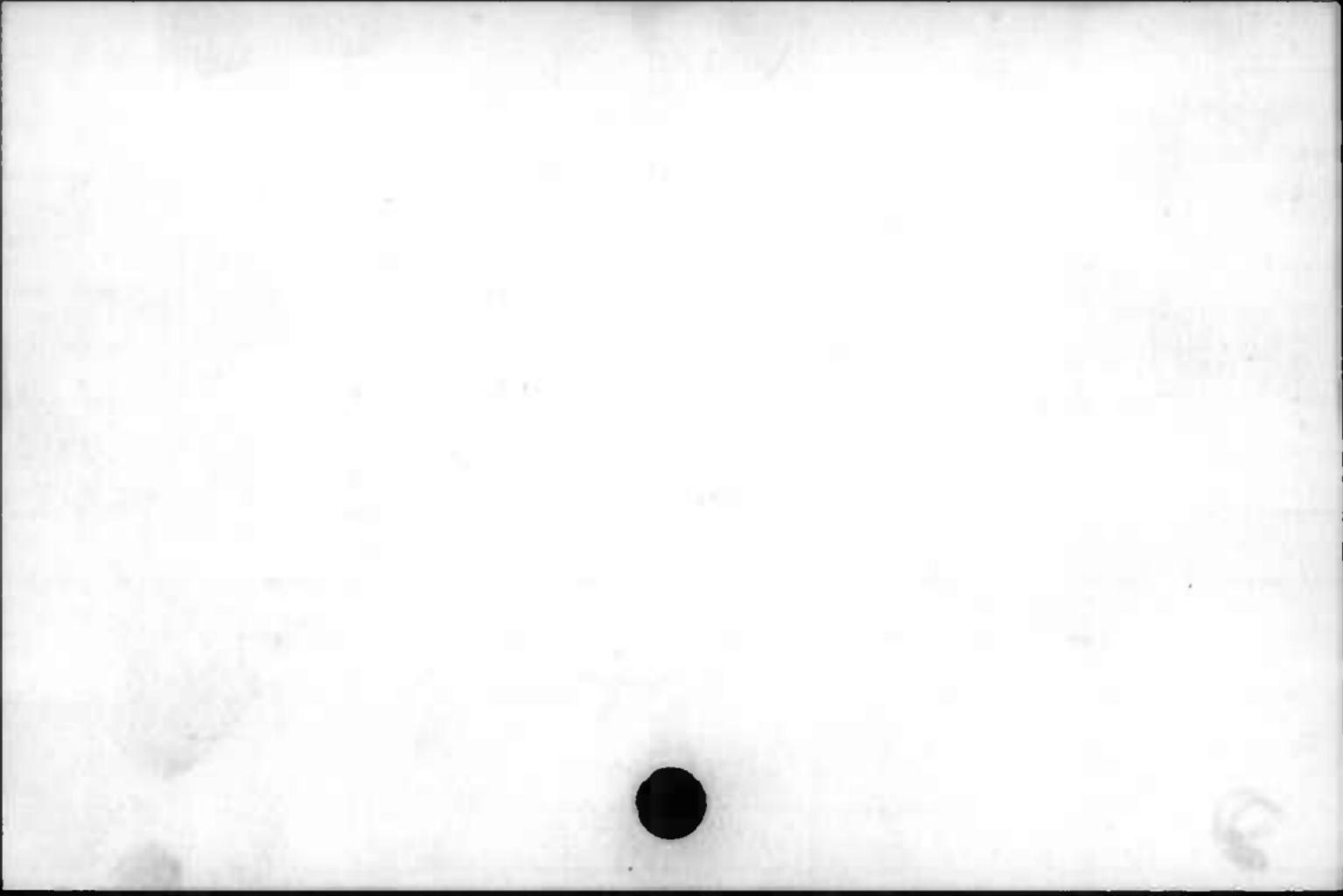
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Simeon Belden				
Mother's Maiden Name	Catherine Smith				
Name of person giving information	R. Abbey Martin				
CAUSES OF DEATH					
Primary	154				How long
Immediate	Senile degeneration				How long

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

Signature of Physician

Address



Name
in
Full

Thorncliffe Brooks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at Sykesville	Howard		
Date of death 1906	Month October	Day 8	Years 78
Sex Male	Color or Race white	Age 78	Months 6
Occupation None	Where Residing if not at place of death	Baltimore City.	
Married, Single or Widowed	Name of Wife or Husband	Mary McLean Brooks - deceased.	
Father's Name	Chauncey Brooks	Father's Birthplace	Conn.
Mother's Maiden Name	Marilla Phelps	Mother's Birthplace	Conn.
Name of person giving information	Nanice McLean Brooks	How related to deceased	Daughter

CAUSES OF DEATH

Primary

Carcinoma - Secondary drifts, Brain

How long

18 mos.

Intermediate

Failure of Nervous System

How long

8 weeks (sick)

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Daniel B. Sprecher

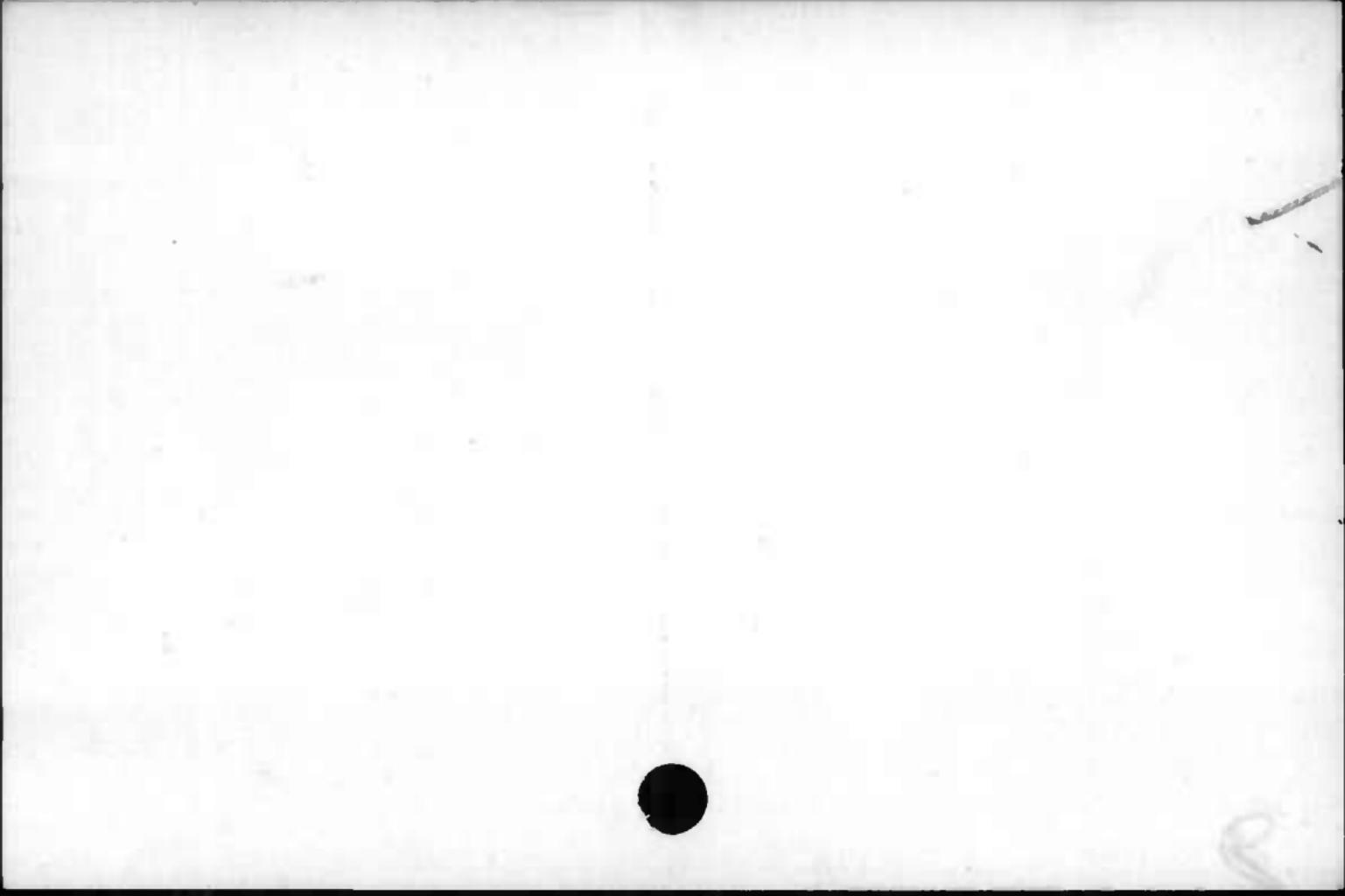
Address

Sykesville

Md

Accident or Suicide?

D



Name
in
Full

Arthur O. Brown

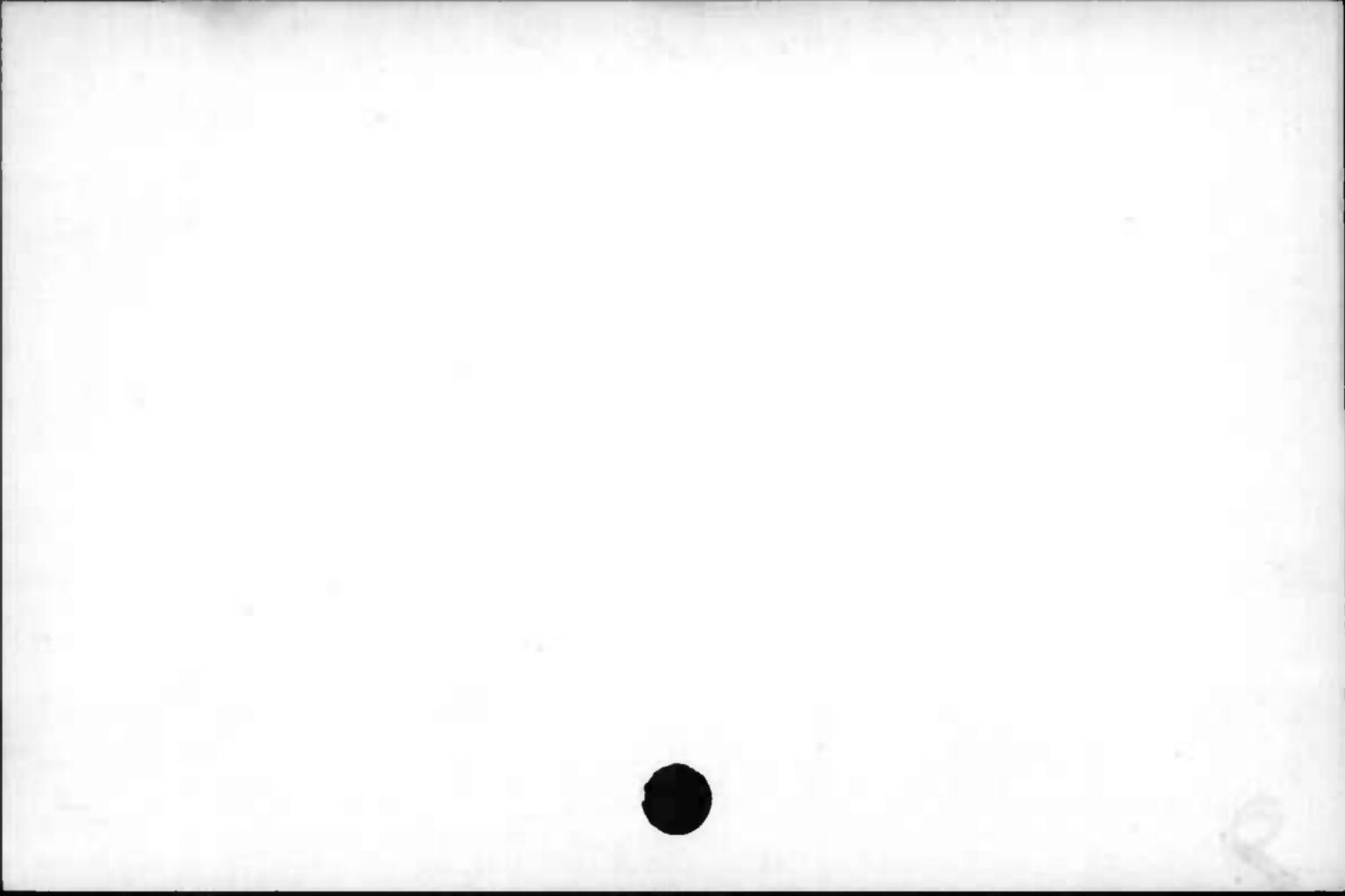
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glechester</u>		Town <u>Glechester</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>October</u>	Day <u>24</u>	Age <u>33</u>	Years <u>33</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>					
Occupation <u>laborer</u>	Where Residing if not at place of death <u>Shuster factory</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sallie Brown</u>						
Father's Name <u>William Brown</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Margaret Gadin</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Lee Hoffs</u>	How related to deceased <u>not related</u>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long <u>—</u>	
	Immediate <u>Killed by B & O. train</u>	How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Bernard H. Wallenhorst, Jr.</u>	
Yes		Address <u>acting Coroner</u>	
<u>Accident</u>		<u>Ellicott City</u>	
Accident or Suicide?		Maryland	



Name
in
Full

James W. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Alberton

Town

County

MARYLAND

Date of death 1906

Month

Day

Years

Age 72

Months

Days

4

4

Sex Male

Color or Race

White

Birth-place

Warren Co., Va.

Occupation

Retired Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife

Mary E. Watkins

Father's Name

James W. Collins

Father's Birthplace

Warren Co. Va.

Mother's
Meiden Name

Nancy Ramsey

Mother's Birthplace

Warren Co. Va

Name of person giving
Information

Mary E. Collins

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Loss of Superior Moxilla, Left

How long

9 Months

Immediate

Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm B. Gamblill

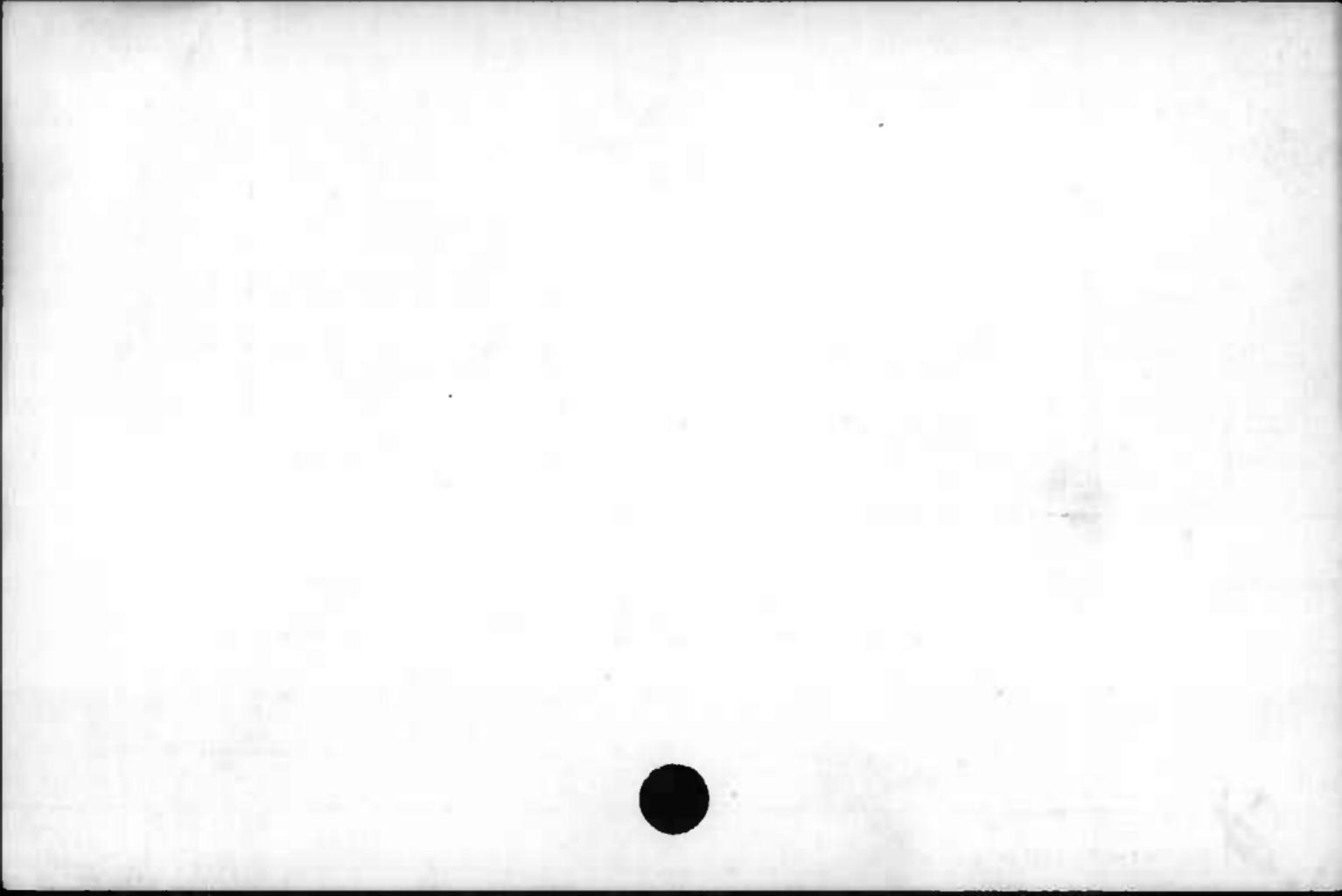
Address

Alberton, Md

Alberton

Accident or Suicide?

Low theater



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Charlotte Drumharter

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month Oct.	Day	31	Years	Age 14
Sex	Female	Color or Race	White		Birth-place	Hanover Co.
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John Drumharter		Father's Birthplace		Md.	
Mother's Maiden Name	Sallie Dillingham		Mother's Birthplace		Md.	
Name of person giving information	Henry Nease		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Laryngeal Diphtheria (9)

How long

24 hrs

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

g
Accident or Suicide?

— Black
Knee sprain.
Scrap, etc.

Name
in
Full

Mary Johnson

CERTIFICATE OF DEATH

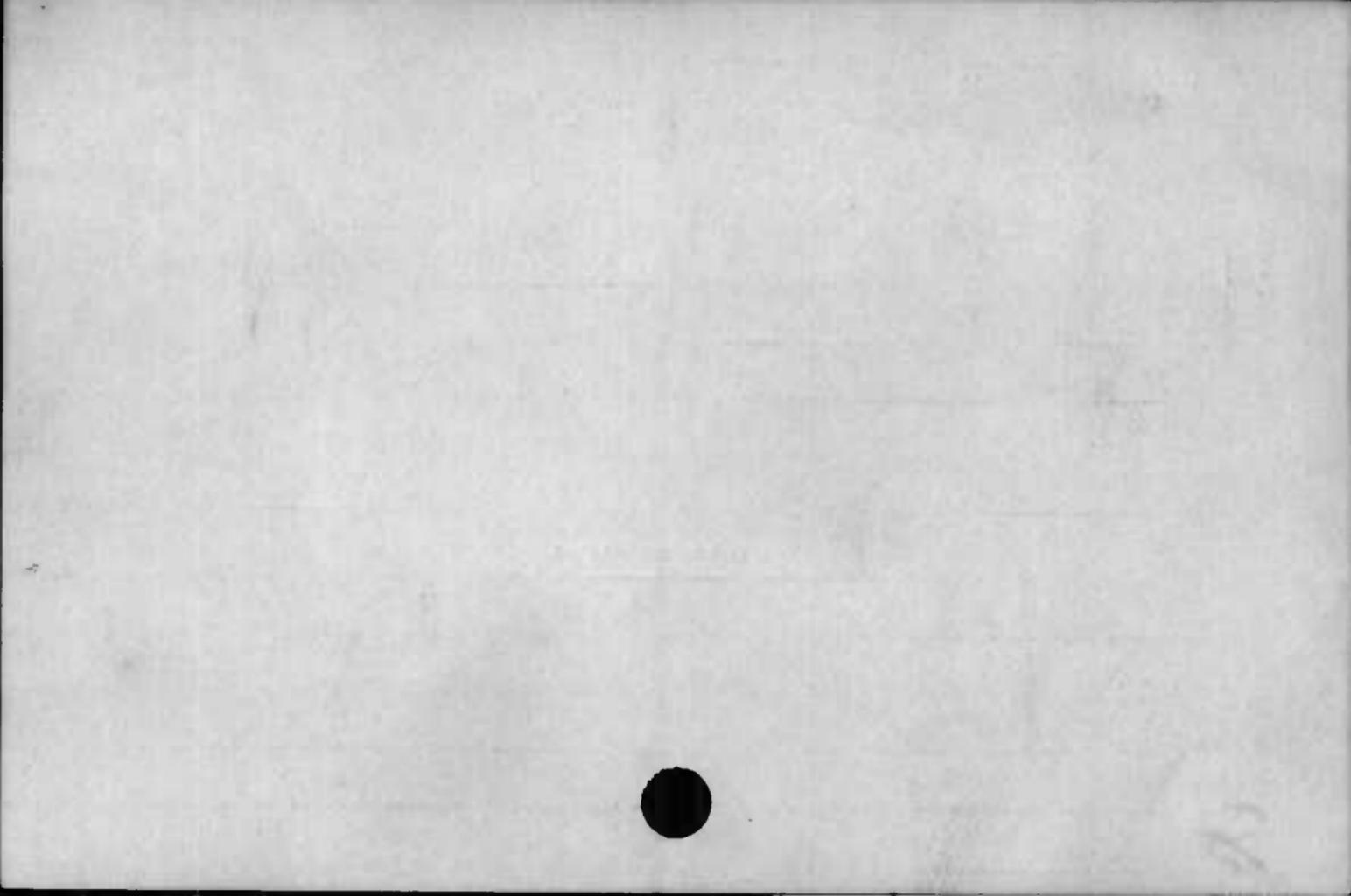
To BE ANSWERED BY
NEAREST FRIEND

Died at	Albertha	Town	Howard	County	MARYLAND	
Date of death	1906	Month	28	Day	Years	Months
Sex	Female	Color or Race	Colored	Age	45	Days
Occupation	Domestic	Where Residing if not at place of death	In Baltimore Md.			
Married, Single or Widowed		Name of Wife or Husband	Mary Johnson			
Father's Name	Unknown	Father's Birthplace	Unknown			
Mother's Maiden Name	"	Mother's Birthplace	"			
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma		How long
Immediate	Cardiac Syncope heart failure		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank E. Miller MD
Are the name, age, sex, color, date and place correctly given above?	Yes	Address	Albertha Md.
Accident or Suicide?	Neither		



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Miss Bessie V Layman

Town

County

MARYLAND

Died at ~~at~~ Florence

Howard

Date
of death 1906

Month

Oct

Day

11

Years

18

Months

Days

Age

Sex Female

Color or
Race

White

Birth-
place

Howard Co

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

John V Layman

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Mary Lett

Mother's
Birthplace

Howard Co

Name of person giving
Information

Eliamore V Layman

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Typhoid Fever



How long

six weeks

Immediate

General Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W.H. Dyeon M.D.

Address

Laytonsville Ind.

9
Accident or Suicide?



Name
in
Full

Fatty Mack

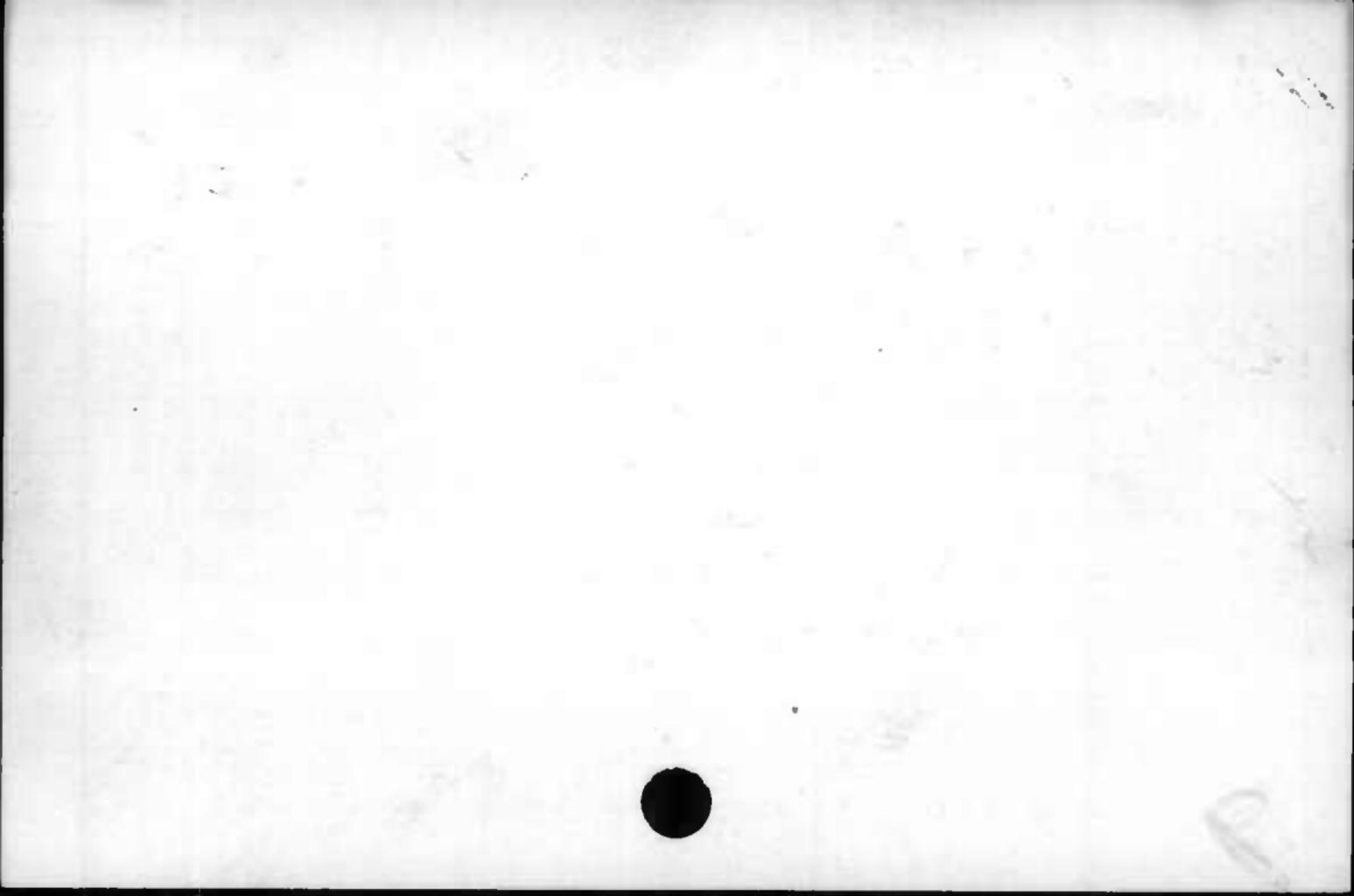
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Pine Orchard		County Howard	MARYLAND		
Date of death 1906	Month Oct	Day 1	Years 2	Months	Days
Sex Female	Color or Race Colored	Birth-place Md			
Occupation —		Where Residing if not at place of death Pine Orchard			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Frank Mack		Father's Birthplace N. Carolina			
Mother's Maiden Name Sarah Blackwell		Mother's Birthplace Md			
Name of person giving information Frank Mack		How related to deceased Father			

CAUSES OF DEATH

Primary Pneumonia	(93)	How long one week
Immediate Heart failure	(93)	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. J. Byrne
		Address Elliot City Md
Accident or Suicide? 9		



Name
in
Full

Mrs. Sophie L. Mathews.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Glenwood	Howard	Howard		Howard	
Date of death	1906 Oct	4	Day	Years	Months	Days
Age	72	72		1	22	
Sex	Female	Color or Race	white	Birth-place	Howard Co. Md.	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mr. A. G. Mathews,			
Father's Name	Thomas H. Mathews			Father's Birthplace	Howard Co.	
Mother's Maiden Name	Sarah Price			Mother's Birthplace	Baltimore Co.	
Name of person giving information	Miss Gertrude Mathews			How related to deceased	Daughter	
CAUSES OF DEATH						
Primary	Organic Heart disease			How long	Six months	
Immediate	Failing of vital forces			How long	Twenty four hours.	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

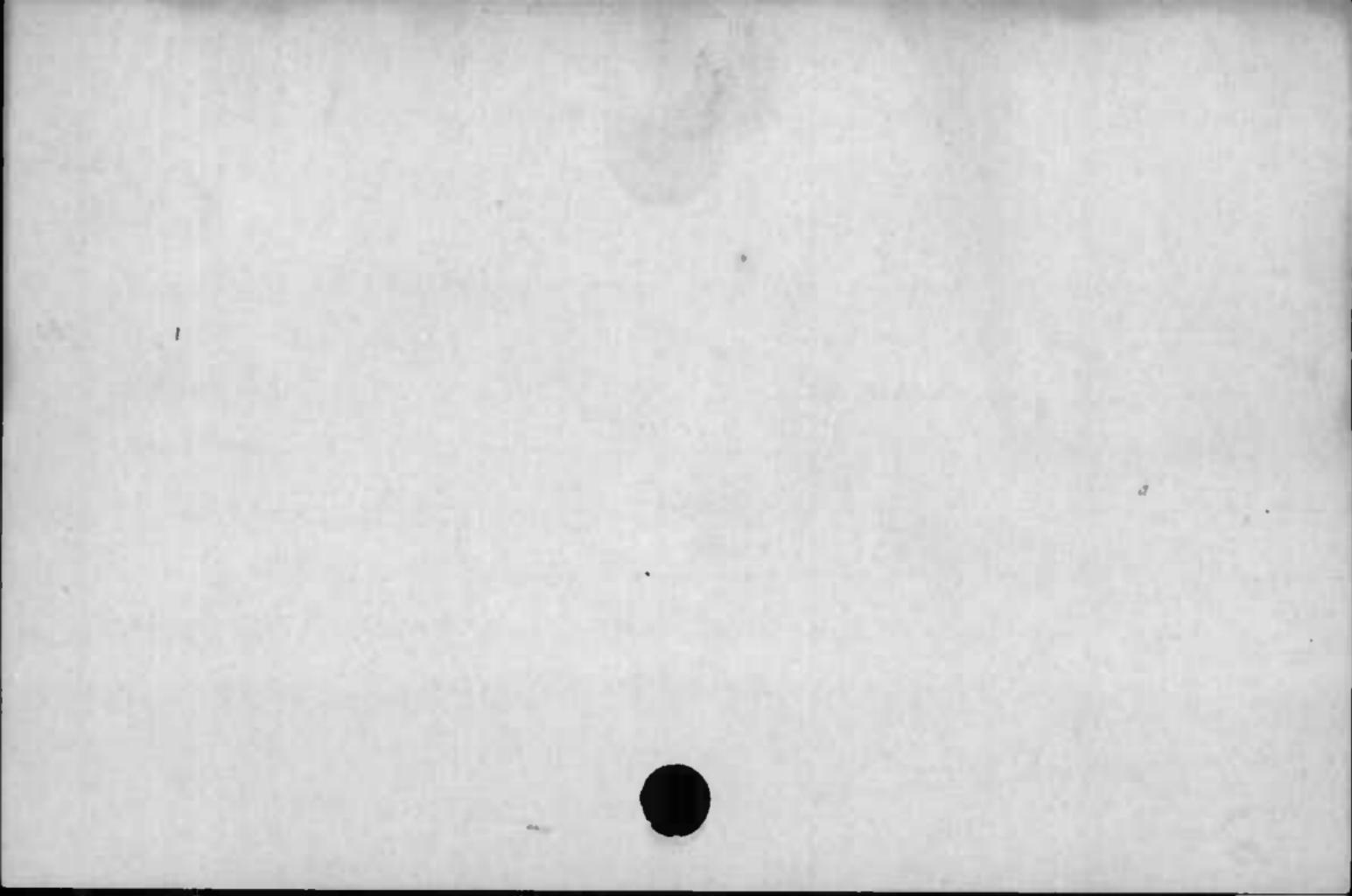
Yes

Signature of Physician

Address

J. Wallis Sims M.D.
Glenwood
Howard Co. Md.

Accident or Suicide?



Name
in
Full

Infant of Mr Frank Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Ellwood City		Howard Co	
Date of death	Month	Day	Years
1906	Oct	1	Age
Sex	Color or Race	Birth-place	
Female	White	Maryland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Ellwood City	
Father's Name	Frank Mills	Father's Birthplace	Maryland
Mother's Maiden Name	Doris Miles	Mother's Birthplace	Maryland
Name of person giving information	Frank Mills	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	His carriage at	How long
Immediate	6 th month	How long

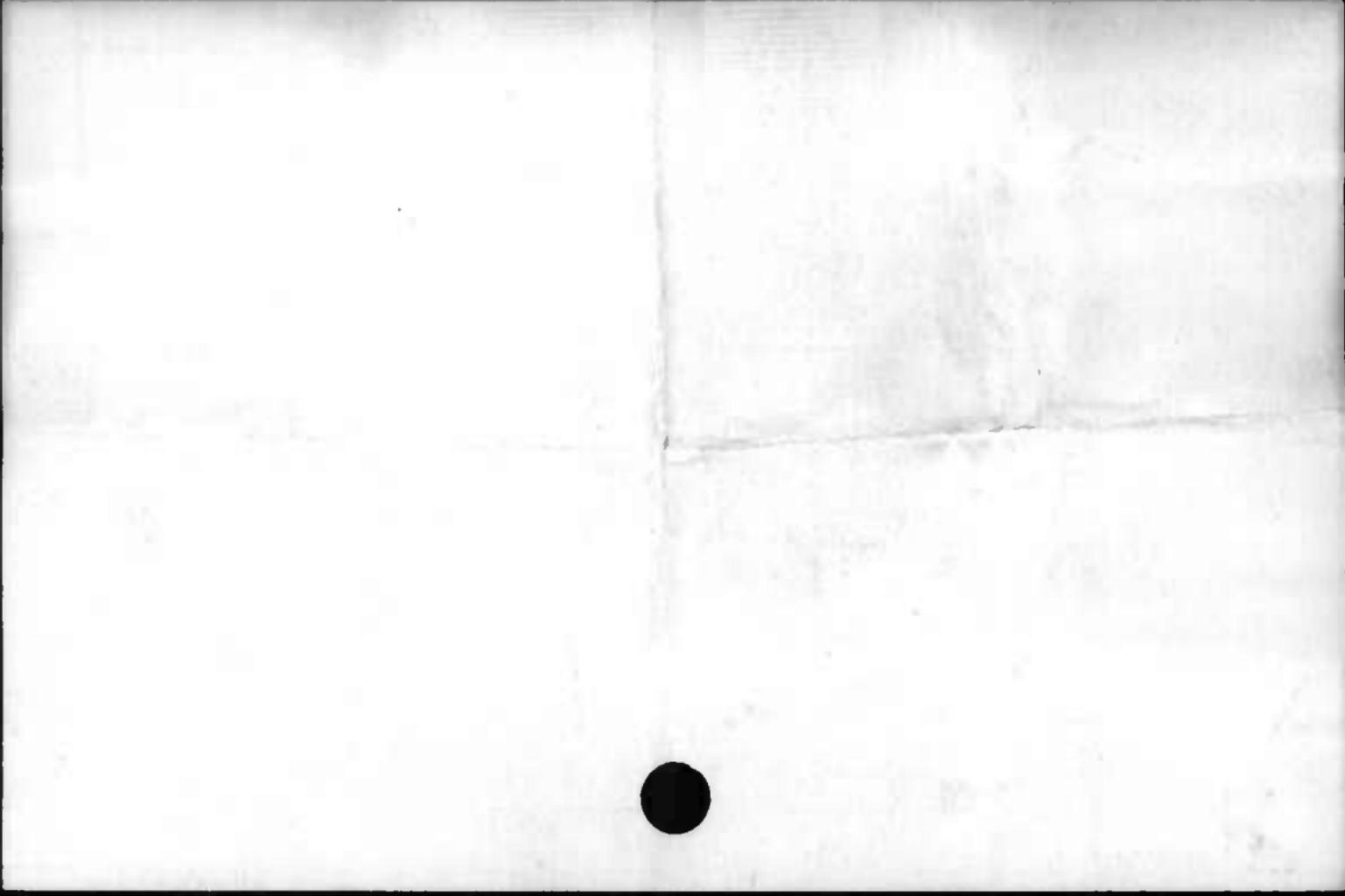
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

N. C. Shwood

Accident or Suicide?



James Austin Nickens				CERTIFICATE OF DEATH		
Died at	Town	Howard		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	OCT.	10	31			
Sex	Male	Color or Race	Colored	Birth-place	Warrenton	
Occupation	Barber			Where Residing if not at place of death	Warrenton Va.	
Married, Single or Widowed	Single			Name of Wife or Husband	—	
Father's Name	James Nickens			Father's Birthplace	Warrenton	
Mother's Maiden Name	Jennie Malone			Mother's Birthplace	Warrenton	
Name of person giving information	Mr. Robt. J. Pollard			How related to deceased	Sister	

CAUSES OF DEATH

Primary

Heart disease

(19)

How long

Immediate

2 days

How long

Are the name, age, sex, color, date and place correctly given above?

yr

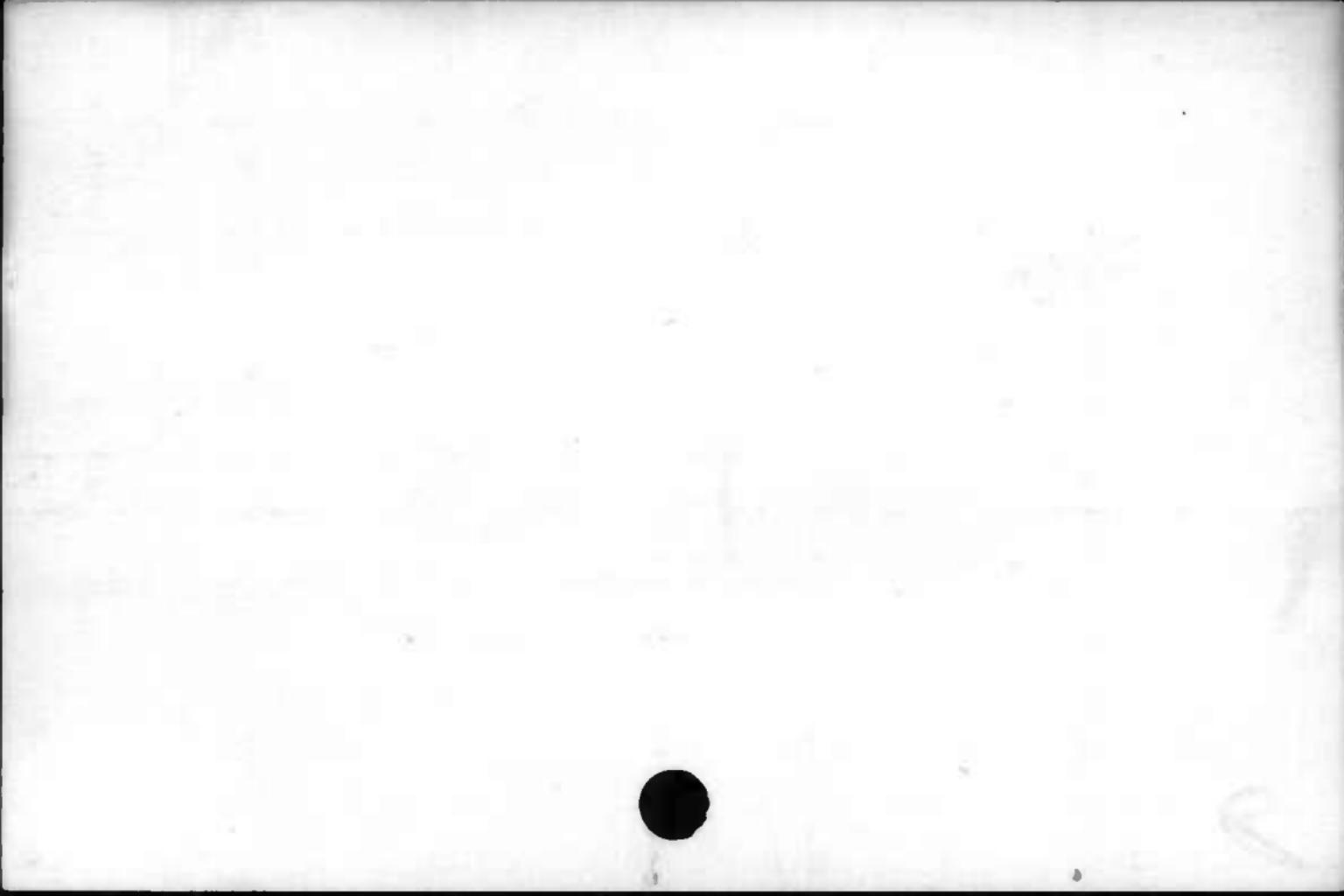
Signature of Physician

Address

Dr. Bixby
Samuel M.

Accident or Suicide?

19



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Milton Phelps

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at		Buffalo N.Y.				
Date of death	1906	Month Oct	Day 15	Age 40	Years	Months
Sex	Male	Color or Race	White Howard 60			
Occupation	Plasterer	Where Residing if not at place of death Baltimore Md				
Married, Single Widowed		Name of Wife or Husband	Alice Loper			
Father's Name	John Phelps					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Will Loper 16					How related to deceased
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary

Sacceration of Brain

How long

one day

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. R. Button
Spencerville
Md.

Accident ~~suicide~~



Name
In
Full

Infant no name Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Ellieott City	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Maryland			Maryland	
Mother's Maiden Name	Maryland			Maryland	
Name of person giving information	How related to deceased			Maryland	

Male colored 1906 Oct 28. — — — — —

Occupation _____

Where Residing if not at place of death
Ellieott City

Married, Single or Widowed _____

Name of Wife or Husband _____

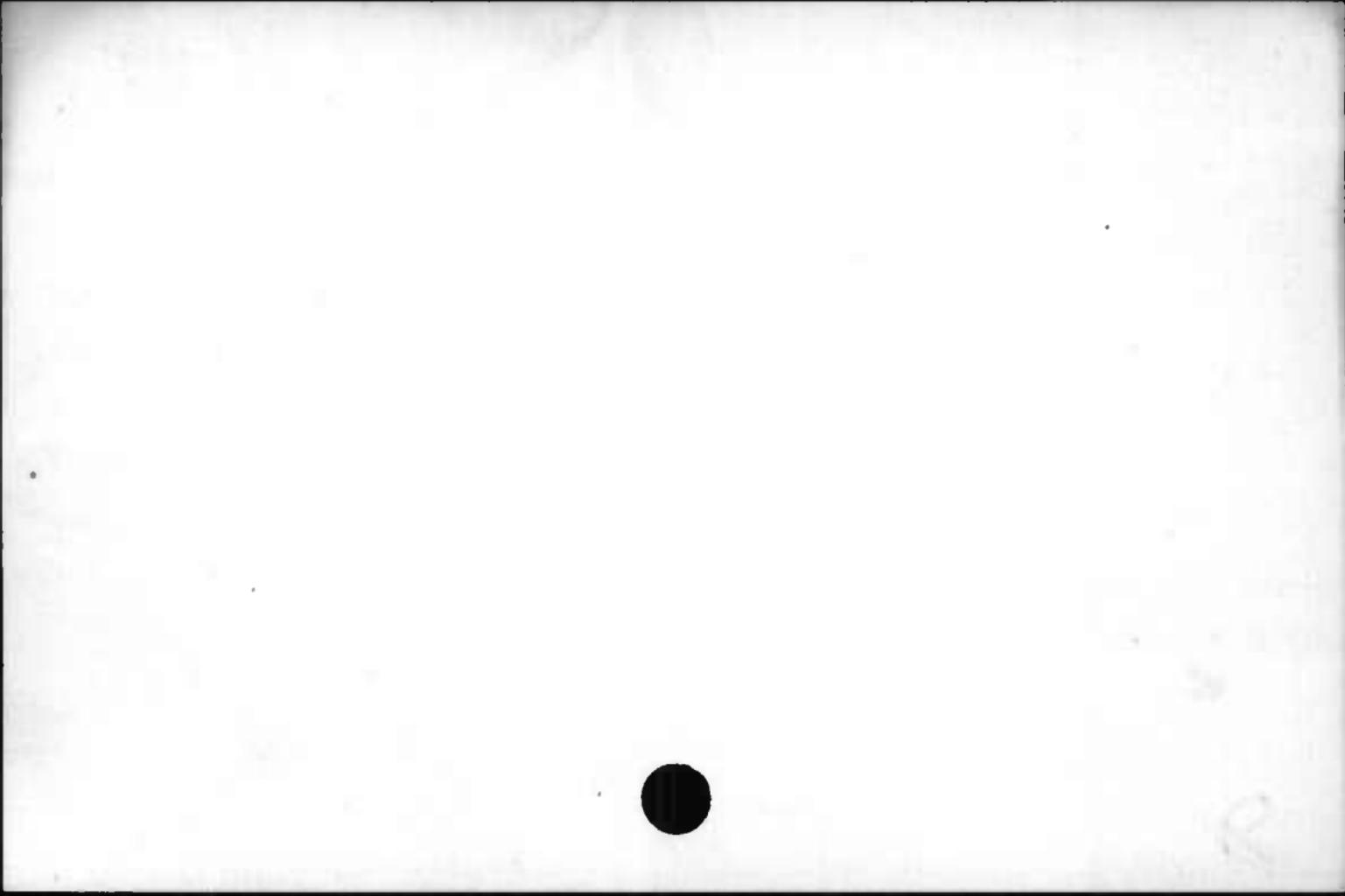
Father's Name Mosches. Porter Father's Birthplace _____

Mother's Maiden Name Sarah Baldwin Mother's Birthplace _____

Name of person giving information Arrie Baldwin (Mother) How related to deceased _____

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>still born</u>	How long	—
	Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<u>Bernard K. Wallenhorst, J.P.</u>
			Address	<u>Ellieott City, Md.</u> <i>action correct</i>
Accident or Suicide?				



Name
in
Full

Louis H. Scrimmier.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Circleville</u>		Town	County <u>Howard</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>8</u>	Age <u>5</u>	Years <u>0</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>		Mrs.		
Occupation <u>—</u>	Where Residing if not at place of death <u>Some</u>					
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>—</u>	Father's Name <u>Stephen Scrimmier</u>		Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Mary Clarke</u>	Mother's Birthplace <u>Md.</u>		Mother's Name <u>—</u>			
Name of person giving information <u>Stephen Scrimmier</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

Diphtheria 9

How long

6hr to my knowledge

Immediate

Tonsillitis

How long

Some

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

S. G. Lovings,
Circleville,
Md.

Accident or Suicide?



Name
in
Full

Maranda C. Shorts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	white		Birth-place		
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Mrs. J. Short			Savage
Father's Name	S. J. Waskey			Father's Birthplace		
Mother's Maiden Name	Lucinda Blessing			Mother's Birthplace		
Name of person giving information	Lucinda Waskey			How related to deceased		

CAUSES OF DEATH

55

PHYSICIAN
OR CORONER

Primary

Assimilae Poison

How long

6 hours

Immediate

collapse + exhaustion

How long

progressive

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Minthicum M.D.

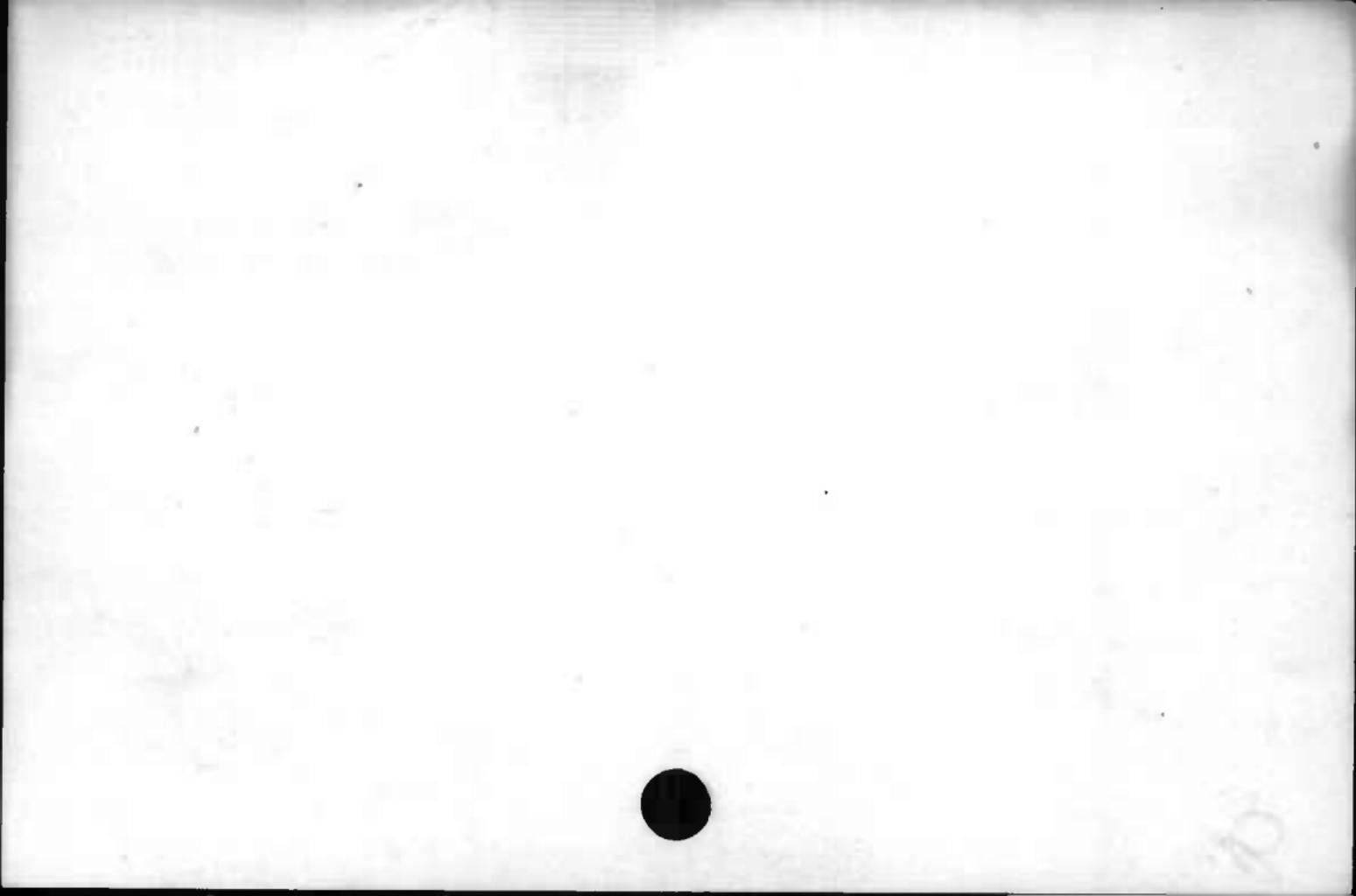
Address

Savage

Md

9
Accident or Suicide?

suicide



Name
in
Full

Lettitia Smith

CERTIFICATE OF DEATH

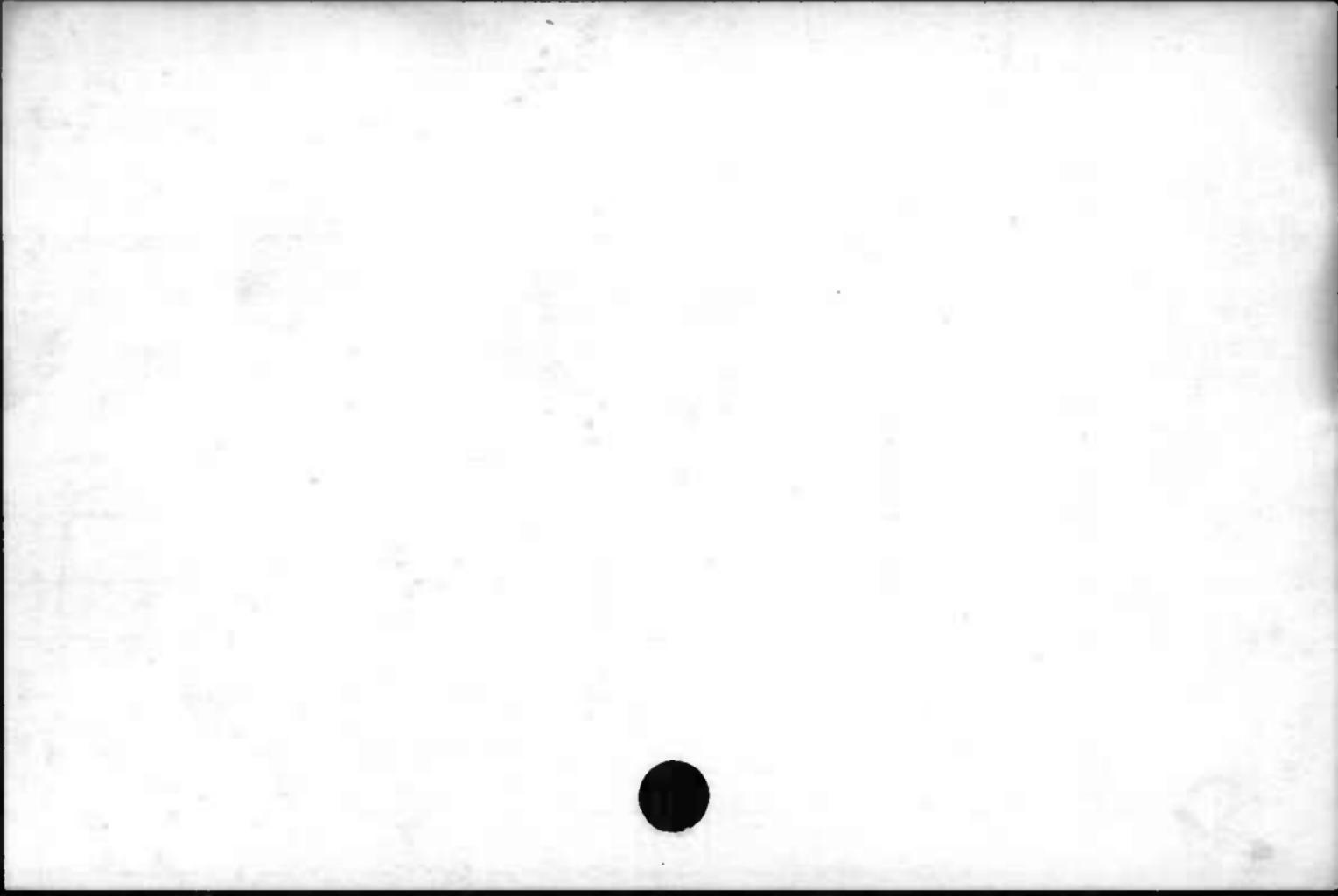
TO BE ANSWERED BY
NEAREST FRIEND

Died at	alpha		County	MARYLAND		
Date of death 1906	Month oct	Day 23 rd	Years 15	Months 3	Days 12	
Sex female	Color or Race colored	Birth-place Howard Co Md				
Married, Single or Widowed Single	Occupation none (school girl)					
Name of Wife or Husband						
Father's Name George Smith	Father's Birthplace Howard Co Md					
Mother's Maiden Name Mary Webster	Mother's Birthplace do					
Name of person giving information Harrison Gray	How related to deceased cousin					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long about 1 yr
Immediate	Pulmonary Haemorrhage		How long 4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Benj. F. Shipley
		Address	alpha
Accident or Suicide?			Howard Co Md



Name
in
Full

Lorraine Z. Specht

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Savage	County Howard	MARYLAND		
Date of death	Month 10	Day 13	Years	Months 9	Days 24
Age					
Sex	man	Color or Race	white	Birth- place	MD
Occupation	Infant	Where Residing if not at place of death			Savage MD
Married, Single or Widowed	single	Name or Wife or Husband			
Father's Name	Frank A. Specht	Father's Birthplace	MD		
Mother's Maiden Name	G. Gertrude Hisramm	Mother's Birthplace	MD		
Name of person giving Information	F. Gertrude Specht	How related to deceased	Mother		

CAUSES OF DEATH

Primary	Encephalitis - 15	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Accident or Suicide?		Savage MD

PHYSICIAN
OR CORONER

3



Name
in
Full

Harriet Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Oct	Day 12.	Years 105	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Maryland	
Occupation	House keeper	Where Residing if not at place of death		near Piffers learners		
Married, Single or Widowed	Widower	Name of Wife or Husband				
Father's Name	don't no			Father's Birthplace		
Mother's Maiden Name	" "			Mother's Birthplace		
Name of person giving information	Daniel Turner			How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Age	154	How long
Immediate	General debility		How long

Are the name, age, sex, color, date and place correctly given above?

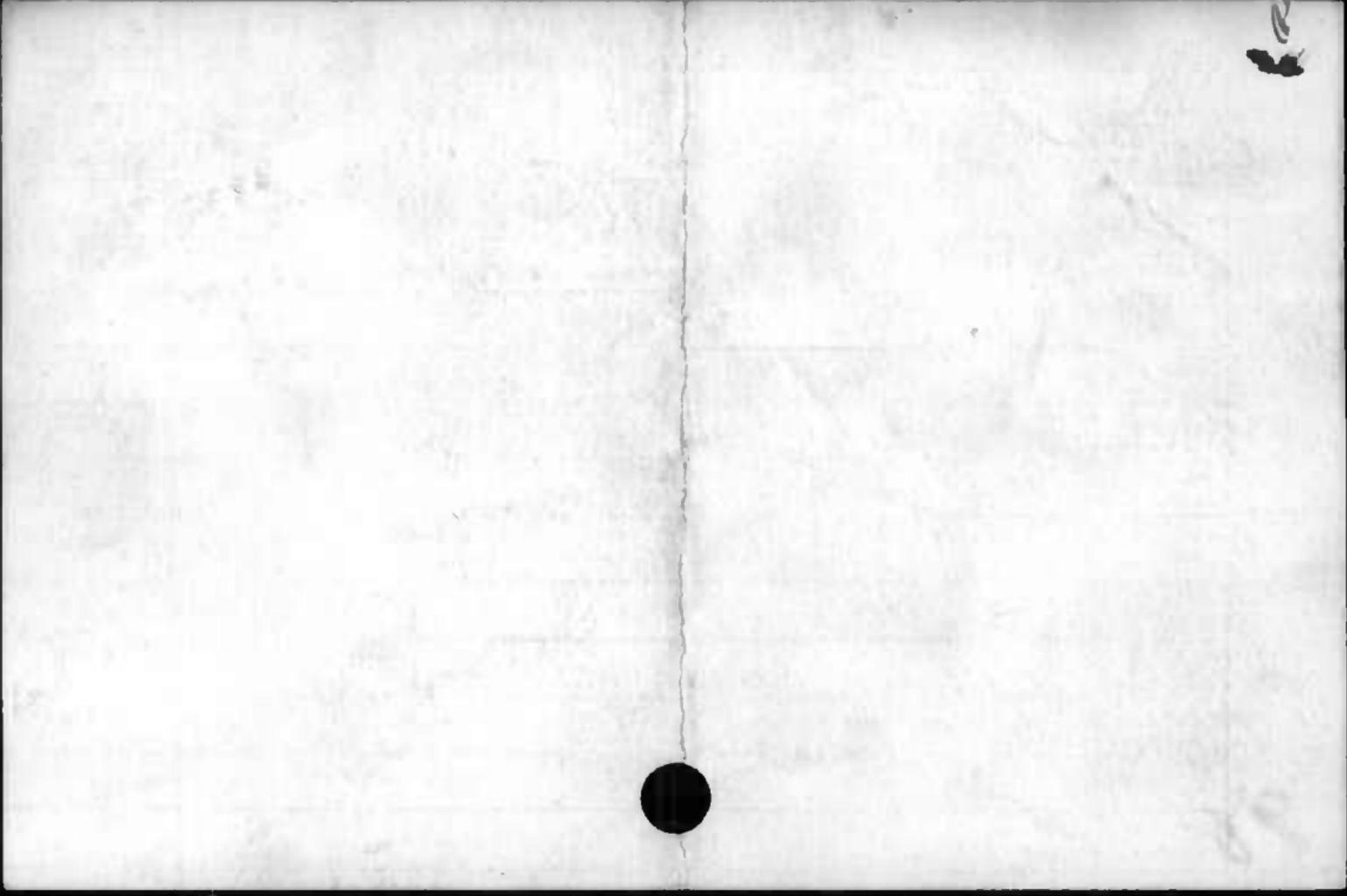
yes

Signature of Physician

Address

Mr. R. Eareckon
Elk Ridge, Md

Accident or Suicide?



Name
in
Full

Child of Charles Yates

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Year	Age	Years	Months
6 Oct.	25				3 hrs.
Sex	Color or Race	white	Birth-place	Maryland	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Yates				
Mother's Maiden Name	Nannie Thorpe				
Name of person giving Information	Charles Yates				
CAUSES OF DEATH					
Primary	15			How long	
Immediate	Premature birth			How long	

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Mollie B. Dogwood
Charlotte, N.C.

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Accident or Suicide?

